FDA-approved in December 2006, during our study period. We also reviewed charges and reimbursement data collected for the drug from June 2006 to December 2006. For the duration of the study period, we had a positive margin and our reimbursement to charge rate for multiple myeloma patients was close to MDACC goal of 55%, with 53.3% rate overall. Based on this analysis, there were some differences between the model assumptions and our findings from actual data. Our model had predicted 100% usage for the FDA approved indication of multiple myeloma in the expected patient population of 25 patients. Actual data collected showed that not only did we have more than expected number of patients on bortezomib, potentially due to the change in labeling to an earlier stage of disease, but our model had assumed 4 cycles of bortezomib therapy per patient whereas the actual average number of cycles per patient was only 2 at our institution. We did not have data to determine whether the patients had obtained more cycles of therapy from other providers.
Lessons Learned: Annual budget impact analysis helped estimate the cost to the institution for adding bortezomib to the formulary. Performing an annual budget impact before the addition of a drug to an institution's formulary, and comparing it with the annual budget impact after a few years of the drug being on the formulary, is an essential process in determining the best use of scarcely available, expensive resources for the most appropriate use. Cost effectiveness studies, that take costs of treatments and their outcomes in patients into account, are as important in allocating resources to best possible use in this era of rising costs and future research will focus on calculating cost-effectiveness specifically for the institution's patient population.

PCASE4

HEALTH PLAN AND INDUSTRY: NEW PARTNERSHIP TO ASSESS NEW TECHNOLOGY OUTCOMES AND ECONOMIC IMPACT

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Organization: Cassi.
Problem or Issue Addressed: With the fast pace of new medical technologies launched into the market, it is imperative to develop a formal and methodical approach to assess and evaluate outcomes and impacts; one that goes beyond the short-term vision of price and volume negotiation. Although there are several agencies across the globe that evaluate technologies, not always the market can count on their results because 1) either these reports are based on scenarios that don't reflect the real situation (for instance, a health plan in Africa considering a report about the U.S. medical system), or 2) there is not enough time to wait for a conclusion.
Goals: Effective coverage and Reimbursement decisions must reflect the local scenarios where they happen, and new methods to evaluate medical technologies must be in place to allow distant markets to reach their own conclusions about health care. One proposed answer to this problem is to bring different market stakeholders to teamwork and develop an approach that combines everyone's expertise into an effective methodology reflecting the local market scenario and population. In summary, to develop a Health Technology Assessment that reflects the local health care scenario and that is agile enough for a Health Plan.
Outcomes items used in the decision: Cost-effectiveness data (literature and local), local prevalence and incidence disease rates.
Implementation Strategy: Presentation and validation of methodology to Cassi and J&J Executive Board. Communication of new HTA process to all Cassi's franchises and J&J divisions in Brazil.
Results: Work in Progress. One technology assessed, another in evaluation. Cassi hopes to decrease medical costs and improve health care outcomes in 2008. J&J hopes to improve negotiations with Cassi.
Lessons Learned: Developing nations cannot count solely on studies performed in developed countries; they must develop analyses that reflect local scenarios and markets. To improve value for patients, one stakeholder cannot act alone. All participants must take action to improve the health care system's efficiency.

PCASE5

INFORMING DECISION MAKERS IN GERMANY: THE IQWIG APPROACH

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Organization: IQWiG.
Problem or Issue Addressed: Development of methods for economic assessment of (mostly) new drugs and other interventions.
Goals: Provide clear, useful information to the German Federal Joint Committee for use in the setting of ceiling prices. Meet the special requirements of the German context, while remaining consistent with international standards of health economic assessment.
Outcomes items used in the decision: Plotting of the efficiency frontier within a specific therapeutic area to display the position of existing therapies and provide guidance for decisions through demarcation of various zones for new therapies. Horizontal axis consisting of the expected total cost per patient in Germany. Vertical axis consisting of a cardinal scal of value tha reflects the benefit assessed beforehand by IQWiG.
Implementation Strategy: International Expert Panel convened to develop the Methods. Draft Recommendations presented to broadening circle of German experts and constituencies culminating in Public consultation in January 2008.
Results: The core Recommendations will be presented along with their rationale, interpretation and use in guiding decision makers. A worked out example will be used to illustrate the implications.
Lessons Learned: It is possible to develop Methods that provide for economic evaluation within the constraints posed in Germany. This is done by focusing on the narrower objective of efficiency within a therapeutic area rather than the much loftier goal of relative valuation across the health care system.

PCASE6

HOW SHOULD NEW TECHNOLOGIES AND NEW DEVICES BE ASSESSED IN A HOSPITAL SYSTEM?

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Organization: Mercy Health Partners, Southwest Ohio. The regional office consists of 5 acute care hospitals and 6 Long Term Care Nursing Homes with over 8000 employees and 2000 physicians on staff.
Problem or Issue Addressed: There currently exists a lack of sufficient long-term cost-effectiveness data on new technologies and new devices, in order to allow health care decision makers to make good decisions. At the same time, the costs associated with many of these technologies and devices have out-paced the level of reimbursement given to the providers.